Health Information Technology Commission
Minutes

Date: Thursday August 15, 2013
1:00pm – 4:00pm

Location: MDCH
1st floor Capital View Bldg
Conference Room B&C
201 Townsend Street
Lansing, Michigan 48913

Commissioners Present:
Gregory Forzley M.D., Chair
Larry Wagenknecht R.Ph.
David Behen
Irita Matthews
Robert Milewski
Jim Lee
Nick Lyon
Michael Chrissos M.D.
Patricia Rinvelt
Orest Sowirka, D.O.

Commissioners Absent:
Thomas Lauzon
Mark Notman Ph.D.
Michael Gardner

Staff:
Meghan Vanderstelt
Kimberly Bachelder

Guests:

Beth Speer	Kelsey Speer	
Christina Bush	Cherese Daney	Harry Levins
Jeff Livesay	William Russell	Tina Scott
Randy McCracken	Kayla Harris	Aristotle Sun
Michael Taylor	Reid Berryman	Jonathan Landsman
Patrick Sheehan	Nick Theros	Bobbi Cukini
KatyAnn Zimmerman	Russ Hildensperger	James Bell
Micha Mead	Chelsea Seesholtz	Sally Pollock
Philip Viges	Elise Smith	Scott Benham
James Gartung	Kristy Tomasko	Rick Wilkening
Chelsea Ava	Joel Wallace	Michelle Maitland
Zachary Barciga	Angela Vanker	Laurie Prange
Victoria Kuipers	Bruce Wiegand	Tairus Taylor
Jeffery Lindeman	Cynthia Green Edward	Lynda Zeller
Jarrod Sandel	Sarah Mahoney	Brain Seggie

Minutes: The regular monthly meeting of the Michigan Health Information Technology Commission was held on Thursday August 15, 2013 at the Michigan Department of Community Health with ten Commissioners present.

A. Welcome & Introductions

1. Gregory Forzley M.D., Chair called the meeting to order at 1:05 p.m.
2. Commissioner Updates
    a. All of the commissioners introduced themselves and their affiliations. Newly appointed Commissioner Patricia Rinvelt introduced herself as an employee of Eastern Michigan University who is representing purchasers and employers.
    b. Toshiki Masaki is moving on to another statewide commission. Chair Dr. Forzley expressed the HIT Commission's appreciation of Mr. Masaki's many years of service.
3. Role of HIT Commission
    a. Commissioner Lyon began by reaffirming that the adoption of HIT is a conduit to improving care and that the HIT Commission brings together the Department of Technology, Management, and Budget (DTMB) and MDCH at a high level.
    b. Mrs. Meghan Vanderstelt began a discussion of reviewing the framework for the HIT Commission's roles and responsibilities. Examples include endorsing the Privacy workgroup/Consent management activity, evaluating topics for discussion, and formalizing recommendations based on HIT and HIE needs to MDCH. The HIT Office within MDCH can assist in forming a discussion on the framework for roles and responsibilities for the October 2013 planning meeting.
    c. Commissioner Lyon noted that MDCH needs help to develop recommendations on policies. The HIT Commission has the power to assign committees and endorse work products or activities. Commissioner Lyon continued by saying that the State has collected data and now needs to use it. MDCH needs concrete input from the HIT Commission to guide policy.
    d. Commissioner Wagenknecht declared that the issue needs to be dealt with in a structured time and discussion.
    e. Commissioner Lyon responded that the Commission should look at annual reports: Are we collecting the right information to give supported recommendations? Furthermore, he noted that there is important work yet to be done on Consent Management and Cyber Security issues. Commissioner Lyon asked those present to offer any and all ideas surrounding those topics. He also reminded the Commission that significant federal and state money has been invested in HIT and Health Information Exchange (HIE) projects; it is imperative that a direction is clear.
    f. Chair Dr. Forzley requested the Commission to share ideas in September's meeting or by e-mail.
4. Commissioner Lyon reported on the progress of the Healthy Michigan Plan in the Legislature. Chair Dr. Forzley reiterated that HIE/HIT will play key roles if Medicaid is expanded.

5. Chair Dr. Forzley recognized the attendance of interns from the University of Michigan Medical Center for IT.
6. Commissioner Lyon noted that Commissioners Mark Notman, Ph.D. and Jim Lee were recently reappointed by the Governor.

B. Review and Approval of July 18, 2013 meeting minutes

1. The minutes of the July 18, 2013 meeting were approved and will be posted to the HIT Commission (HITC) website following the meeting.

C. HIT/HIE Update-Meghan Vanderstelt, HIT Manager for MI

1. Mrs. Vanderstelt reviewed the August 2013 Dashboard and will post it on the HIT Commission website following the meeting.
2. Mrs. Vanderstelt also announced that an Advisory Committee is reviewing the Michigan Public Health Code, which has not been reviewed since 1978. The Advisory Committee is asking for public input once the website is available sometime in the Fall of 2013. A workgroup within MDCH, led by Melanie Brim, will be developing the website, facilitating public input and presenting to the Advisory Committee.
    a. The HITC was asked to consider what HIT/HIE related topics should be incorporated into the Public Health Code.
    b. Chair Dr. Forzley requested that the Commission would accept public input and volunteered the HITC to "translate" any other confusing requests.
3. Cyber Security Update: The Michigan Cyber Security Council is meeting August 21. Ms. Cynthia Green Edwards of Medicaid and the Security Officer for MDCH will update the HIT Commission in September.
4. State Innovations Grant (SIM): SIM Planning Grant was awarded to MDCH, which is now working on the State Health Innovation Plan. Once this plan is completed, Michigan can submit a proposal for a grant to implement this plan. The HIT/HIE Sub Workgroup for the SIM project has meetings at the end of August and into September. The focus of the workgroup is how HIE/HIT can help reach the goals of health care delivery transformation.

D. Update on Consent Management, Randy McCracken, MiHIN

1. Since the last meeting, the Privacy Working Group (PWG) has been defining Standards for consent language for sharing BHI between providers, drafting Sample Consent Forms for sharing BHI via HIE, identifying Use cases for Behavioral Health and Physical Health sharing of protected health information (PHI), drafting a Privacy White Paper with broader recommendations on Privacy policy guidance and issues.
2. By September's HITC meeting, the group will propose consent standards, propose an example consent form, and recommend next steps.
3. Commissioner Questions
    a. Chair Dr. Forzley asked Mr. McCracken to recap the difference between Opt-Out consent versus Opt-In consent and why this is an issue for BHI sharing.
        1. Mr. McCracken said that the Public Health Code only requires Opt-Out consent for information sharing, which

means that the default is that the information can be shared unless the patient says no. Behavioral Health requires Opt-In consent: patients must give their consent to have their BHI shared via HIE.

b. Commissioner Rinvelt asked whether the white paper alluded to was available. Mr. McCracken said it was not yet available but would be later this year. The initial draft would probably be ready in October.

c. Mrs. Vanderstelt noted that other commissions and councils are working on behavioral health data issues and inquired about the possibility of synergy with these groups. Commissioner Lyon added that the HITC will get the workgroup in touch with them with Mrs. Vanderstelt's help.

d. Commissioner Rinvelt questioned with whom in the EHR/HIE industry the group was working. Mr. McCracken answered that the PWG was working with a software vendor that also covers Medicaid patients on this particular fast-track issue. They are trying to solve behavioral health information sharing at the HIE level. Commissioner Rinvelt followed up by asking if the involved stakeholders were on the tech side and whether community mental health and Behavioral Health were all that was involved.

1. Mr. Jeff Livesay of MiHIN interjected that various HIT vendors were all going to implement their own standards to address this issue. PCE systems and NetSmart, two behavioral health HIT/HIE vendors, requested work on this issue to avoid market fragmentation of solutions.

E. Consumer Engagement, Shannon Stotenbur-Wing, Michigan Public Health Institute

1. Michigan's focus is on Patient Provider Support: Do they have the tools? Are they using them for the patient's benefit? The HIT/MMIS Advanced Planning Documents, the funding document for Medicaid HIT Activities, plan to assist with a Statewide Survey, social media efforts, and the alignment of various stakeholders are focused on this goal.

2. The National efforts have focused attention to the Five Stages of Patient Engagement which are to: Inform Engage, Empower, Partner, support e-community. The above stages are all tied to particular stages of Meaningful Use.

a. Commissioner Rinvelt stated that the data must be specific to the patient, be safe and secure, and have proper granularity.

3. What do consumers want? Traditional health services, patient-directed care, alternative/non-conventional health services (HIT, alternative medicine information), and easy access to information and low costs.
    a. Commissioner Jim Lee interjected that the more accurate question is “What am I going to pay?” versus “How much does it cost?”
    b. Commissioner Rinvelt added that the other side of that question is how do providers get reimbursed for this engagement activity?
4. Commissioner Questions
    a. Commissioner Lee stressed that this issue is very important. He expressed the belief that the regulatory requirements in Meaningful Use were insufficient for proper engagement.
    b. Commissioner Rinvelt insisted upon a good user experience for engagement technology as there are many sophisticated users.
    c. Commissioner Milewski congratulated Ms. Stotenbur-Wing on a good presentation, noting that the HITC needs to think about this sort of thing. He also viewed engagement, from the patients’ perspective, as being drawn in by something they want. His question for HITC to consider: how do we pull information from the patient versus pushing information upon the patient?
    d. Commissioner Behen claimed that we underestimate consumers’ capacity to engage using HIT. People do engage, but people need to talk about HIT and market it. We need to give credit to older people.
    e. Commissioner Milewski mentioned how it is possible to automatically set up appointments, which go to a smartphone for reminders, and noted this as a possible engagement opportunity.
    f. Public comment: How do we get physicians to engage and use technology? Physicians do not necessarily like EHRs.
        1. Ms. Stotenbur-Wing declared this to be the crux of the engagement issue and explained that Mr. Corser of MSU is working on this. In his surveys, he has asked why providers are not using their EHRs to the fullest capacity, and the general response is fear of making a costly privacy, security, or clinical mistake.
        2. Commissioner Behen stated that the engagement technology is already available. Consent Management (including regulatory requirements of Privacy and Security) is the hard part. Commissioner Milewski offered the help of the HIT Commission on these activities.

g. Ms. Helen Hill of the Southeast Michigan Health Information Exchange announced that ONC is kicking off a Consumer HIT summit in September. It will be focusing on three education tracks.
h. Mrs. Vanderstelt stated that the engagement activities also roll into Public Health Code revision discussions.
i. Public Comment: The most commonly deferred Stage 1 Meaningful Use measures were around consumer/patient engagement. How do we get providers moving forward on this?
    1. Ms. Stotenbur-Wing responded that the engagement survey can be used directly to drive demand for more information about Health IT and will help physicians learn how to change practices based on recorded patient experiences.
    2. Ms. Edwards of Medicaid added that there needs to be a base level of patient education: Ask your doctor about EHRs. Are you using it? Notice if the data is incorrect and incomplete in your personal health record, and let the doctor know.
j. Chair Dr. Forzley concluded this discussion by noting that Stage 2 of Meaningful Use will force physicians to catch up on patient/consumer engagement, and the challenges will need to be addressed.
k. A student intern from U of M health system asked the Commission how they will engage the provider to effectively use adopted technology to engage patients.
    1. The Commission agreed that was a priority to further consumer engagement.

F. National Association for Trusted Exchange (NATE) Overview and MiHIN Use Case Overview, Jeff Livesay, MiHIN,

1. NATE are a collaborative of states who share common goal of creating policy and procedure to lay groundwork for safe, secure interstate electronic transfer of health information. The NATE states, formerly known as the Western States Consortium, included the following original Members: CA, AZ, UT, OR, NV, NM, AK, HI. The Association added FL, MI, CO, ID, OH, GA, and WA as "satellite" members in 2012 and recently added Michigan as a member.

2. Specific NATE July 2013 Topics: Focus on Consumer Engagement in NATE. The Federal Trade Commission (FTC) has legal jurisdiction over PHR Privacy Regulations, Access Authentication/Identity Management, the process to authenticate a user of a PHR, parental access to children's records, PHR standards/Data Provenance, how is data tracked and passed, Blue Button+, and PHR/Direct Demos (destination e-mail address specified, as well as

whether the message is intended to be sent once, as the data changes, and whether an end date is specified).

3. Benefits of NATE Membership are compare approaches, sounding board, learning from others' mistakes, prospective pilot partners, early exposure to emerging standards, sharing others' success, access to peers and thought leaders, mitigating "Missing the Boat" risk, and opportunity to share MiHIN services (and reduce costs).
4. Next steps for Michigan: Designate NATE representative(s) for Michigan identify priorities for future NATE meeting agendas, and continue ongoing participation as a voting board member of NATE.
5. Commissioner Questions:
    a. Commissioner Lee inquired how PHRs function within the rest of the HIE infrastructure, especially regarding the reconciliation of a PHR with providers' EHRs. Mr. Livesay responded that consumer choice and reconciliation is an existing discussion topic for NATE.
    b. Chair Dr. Forzley asked: How often is a provider expected to update a PHR? Mr. Livesay replied that this issue is not yet solved.
6. Use Case overview
    a. In this context, a Use Case is an example of a type of message: where it starts, where it ends, how fast it needs to get there, what information needed. The MiHIN Operations Advisory Committee (MOAC) Use Case Workgroup review use case requirements and agreements, link to QO/MiHIN development/pilot efforts and track/plan efforts.
    b. Major Use Cases are categorized by Results Delivery, Public Health Reporting, Care Coordination and Patient Safety, Quality and Administrative reporting, Patient Engagement.
    c. Approved Use Cases are Immunizations Submission (Immunizations Query forthcoming), Receive Syndromics, and Reportable Lab Submission, submit and query Health Provider Directory (HPD), and Admit, Discharge, Transfer (ADT) events.
    d. Federal Use Cases involve MiHIN exchanges with the VA and with CMS. UPHIE is engaged in exchange via MiHIN and the national eHealth Exchange to the VA (and in reverse).
    e. Currently, there are 79 identified, 13 in progress, 8 in pilot or production. Use Case Tracking will become more detailed in the near future.
7. Commissioner Questions
    a. Commissioner Lee asked whether the electronic Clinical Quality Measures project was helping providers report for MU. Mr. Livesay responded affirmatively.

b. Chair Dr. Forzley asked if MiHIN was preparing people for these efforts. Mr. Livesay answered that they are, as the use case is still in pilot. Chair Dr. Forzley followed up: How do I specify notification delivery? Mr. Livesay replied that providers can do that in their HPD profile.
c. Commissioner Lee wondered as to the bigger purpose of electronic Clinical Quality Measure reporting beyond just MU.
    1. Mr. Livesay answered that this is an opportunity for seeing how well providers are doing compared to everyone else, identifying issues, managing the population dually enrolled in Medicare, sharing measures with health plans, and providing a comparison to HEDIS quality measures.
    2. Commissioner Lee asked about the completeness and accuracy of the quality measures. Mr. Livesay noted that Beacon looked at these issues already as part of their quality reporting efforts.

G. HITC Next Steps

1. September and October will see more robust meetings, and then the Commission will not meet again until February 2014 with Mrs. Vanderstelt likely being unavailable till then. Immediate topics of focus include:
    a. 2013 Annual Report
    b. Planning for 2014
    c. Consent Management
    d. Learning Health State
    e. Cyber Security

2. A Vice Chair is needed for the HIT Commission.

H. Public Comment

1. Ms. Helen Hill reminded those present about the upcoming Consumer Health IT conference and National Health IT week in Washington, D.C. in September.

2. Those in attendance introduced themselves and their affiliations.

I. Adjourn

1. The meeting adjourned at 3:28 p.m.